



**Rhode Island College
Health and Physical Education Department
School Nurse Teacher Certification**

Work Experience as a Registered Nurse Verification Form

This form should be submitted by applicants seeking School Nurse Teacher Certification through Rhode Island College’s Credential Review Pathway (CRP). Need to document a total of 3 years’ experience as professional nurse. Please use a separate form for each employer verifying work experience.

PART A: To Be Completed by the SNTC candidate (Please PRINT or TYPE)				
Last Name	First Name	Middle Initial	SSN	Nursing Certificate Areas

PART B: To be completed and signed by the Nursing Supervisor or Human Resource Director (please PRINT or TYPE)

Place of Nursing Employment Information:

Name of Organization/Hospital: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Position: _____

Phone: (_____) _____ - _____ Ext: _____ Email: _____

Nursing Experience: In the chart below complete the work experience for the nurse, starting with the most current experience. All sections must be completed for the application to be processed.

Dates of Service		# of Days working as a Nurse if part-time	Title / Position Held/ Description of Role
From: (MM/DD/YY)	To: (MM/DD/YY)		

I verify that the above listed information is complete and accurate according to the official records of the organization or hospital or institution.

_____/____/____ (Signature of Nursing Supervisor of Human Resource Director) (Date) (Printed Name of Nursing Supervisor of Human Resource Director)